

Inspection Services  
4 Boltwood Ave.  
Amherst, MA 01002  
Phone: 413-259-3030

Fax: 413-259-2402  
e-mail: [inspections@amherstma.gov](mailto:inspections@amherstma.gov)



## TOWN OF AMHERST

Planning Department  
4 Boltwood Ave.  
Amherst, MA 01002  
Telephone: 413-259-3040

Fax: 413-259-2410  
e-mail: [planning@amherstma.gov](mailto:planning@amherstma.gov)

### APPLICATION FOR PERMIT TO DEMOLISH/REQUEST FOR HISTORICAL COMMISSION DEMOLITION DELAY REVIEW \*NO DEMOLITION PRIOR TO ISSUANCE OF A DEMOLITION PERMIT\*

Date Received by Inspections: _____	Historical Commission Review: Required [ ] NA [ ]
<i>For Planning Office Use Only:</i>	
Date Received by Planning: _____	Received By: _____
Application #: _____	

#### PROPERTY INFORMATION:

Map/Parcel \_\_\_\_\_ Zoning District \_\_\_\_\_ Assessed Value of Structure \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
Address of Structure \_\_\_\_\_  
Contractor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Contractor's Address \_\_\_\_\_  
Massachusetts Construction Supervisor License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### List any known hazardous materials involved:

Age of Structure \_\_\_\_\_  
Purpose of Structure \_\_\_\_\_  
Type of Construction \_\_\_\_\_  
Footprint of Structure \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Sq. Ft. Number of Stories \_\_\_\_\_

#### DEMOLITION PLAN:

Approximate time frame for completion after Demolition Permit has been issued \_\_\_\_\_

Briefly describe proposed work. If demolition is **part** of a building, state size of entire structure and provide a brief description of portion to be demolished, including nature and size of proposed demolition. Describe all existing building fabric to be removed, both interior and exterior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for demolition: \_\_\_\_\_

Describe replacement or proposed reuse: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ (continued on reverse)

*For Office Use Only:*

#### Inspection Services Demolition Permit Fees:

**\$30.00 for any structure 200 square feet or less**

**\$75.00 for any structure greater than 200 square feet**

Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

#### Historical Commission Fee: \$50.00

Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

## HISTORICAL INFORMATION:

Historic Name of Building/Structure, if known \_\_\_\_\_

Present Use(s) \_\_\_\_\_ Original Use(s) \_\_\_\_\_

Date(s) of Construction \_\_\_\_\_ (Information Source) \_\_\_\_\_

Style/Form (Colonial, Federal, Greek Revival, Italianate, etc.) \_\_\_\_\_

Architect/Builder (if known) \_\_\_\_\_

Exterior Materials: Foundation \_\_\_\_\_ Wall/Trim \_\_\_\_\_

Roof \_\_\_\_\_

Outbuildings/Secondary Structures (please list)

\_\_\_\_\_  
\_\_\_\_\_

Any Major Alterations? (*with dates*)

\_\_\_\_\_  
\_\_\_\_\_

Condition \_\_\_\_\_

Moved ☐ no ☐ yes Date(s) \_\_\_\_\_

Setting/Neighborhood

\_\_\_\_\_  
\_\_\_\_\_

**Demolition Permit Applications Must Be Accompanied By** (*please check off that you have attached*):

☐ **Photograph(s)** – Labeled with orientation information and property address. Include at least one photo of each side of structure to be demolished.

☐ **Site Map** – Include a map showing building location relative to the nearest cross streets and/or major natural features. Show all buildings between the subject building and nearest intersection or natural feature. Label streets, including route numbers, if any. Circle and number the inventoried building. Indicate north. Town GIS maps may be used for this purpose.

☐ **Historical Narrative** – Provide any known information on the history of the building. Explain any associations with local or state history. Include historical uses of the building, and any role(s) the owners/occupants played within the community. If the building has been recommended for listing in the National Register of Historic Places, attach a completed National Register Criteria Statement form. Sources include Historical Commission files (Planning Dept.) and Jones Library Special Collections. Include historical maps where appropriate.

**FOR DEMOLITION DELAY PERMIT INFORMATION, CONSULT PLANNING DEPT. STAFF**

*For Office Use Only:*

Date forwarded to Historical Commission \_\_\_\_\_

Historical Commission Action: Date \_\_\_\_\_ Action Taken \_\_\_\_\_

Historical Commission Chair Signature \_\_\_\_\_

Emergency Demolition? Yes [ ] No [ ] If yes, date approved \_\_\_\_\_

Date Historical Commission response received by Inspection Services \_\_\_\_\_

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**TOWN OF AMHERST  
UTILITY "SIGN OFF" REQUIRED  
FOR PERMIT TO DEMOLISH**

Date Received by Inspections \_\_\_\_\_

**NO DEMOLITION PRIOR TO ISSUANCE OF A DEMOLITION PERMIT**

Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

Address of Structure \_\_\_\_\_

Structure to be demolished \_\_\_\_\_

Owner's Name \_\_\_\_\_ Tel # \_\_\_\_\_

Owner's Address \_\_\_\_\_

**If contractor is different than what is listed on the Application to Demolish complete the following:**

Contractor's Name \_\_\_\_\_

Contractor's Address \_\_\_\_\_

Contractor's Phone Number \_\_\_\_\_

Contractor Supervisor License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Disposal Site** \_\_\_\_\_

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The authorized signatures below signify that the utilities have been removed or sealed and plugged in a safe manner.

<u>UTILITY</u>	<u>SIGNATURE</u>	<u>PHONE #</u>	<u>UTILITY</u>	<u>SIGNATURE</u>	<u>PHONE #</u>
Water	_____	<u>259-3050</u>	Electric	_____	<u>1 800 286-5000</u>
Sewer	_____	<u>259-3050</u>	Gas	_____	<u>1 413 773-5414</u>